

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-050096

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 12933

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318
FILED JAN 6 1964

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri. COUNTY St. Louis.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis.		c. CITY OR TOWN Wellston.	
Length of stay in 1b 2 Month weeks		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR St. Louis-Little Rock INSTITUTION Hospitals, Inc.,		d. STREET ADDRESS 6449 Derby Ave.,	
3. NAME OF DECEASED (Type or print) First Edward Middle - Last Wilson		4. DATE OF DEATH Month Dec. Day 26, Year 1963.	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/26/63.
9. AGE (last birthday) 80 yrs.		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory		10b. KIND OF BUSINESS OR INDUSTRY Shoe Co.	
11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME UNK		13b. MOTHER'S MAIDEN NAME UNK	
14. NAME OF HUSBAND OR WIFE Mary		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Mary Wilson 6449 Derby Ave.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Metastatic Carcinoma Carcinoma of Stomach 151K F DOE TO (b) 12-28-63 DOE TO (c) Raccration of Scalp, due to fall		INTERVAL BETWEEN ONSET AND DEATH 3-4 Mo. 8 mo	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY; TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Nov. 11, 1963 to Dec. 26, 1963 and last saw her alive on Dec. 26, 1963.		Death occurred at 6:50 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Doctor or other) Elmer P. Pennington M.D.		22b. ADDRESS 1755 South Grand Blvd.,	
22c. DATE SIGNED 12-27-63		23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 12-30-63		23c. NAME OF CEMETERY OR CREMATORY St. Peters Cemetery	
23d. LOCATION (City, town, or county) St. Louis Co., Mo.		24. FUNERAL DIRECTOR Joseph W. Clark-1125 Holliday Ave., St. Louis, Mo.	
25. DATE RECD. BY LOCAL REG. DEC 28 1963		26. REGISTRAR'S SIGNATURE Earl Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF MEDICAL CERTIFICATION

VS 300
Rev. 4/59
1
2/0 43
3
4 0
5 1
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7 0
8 1
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12 69-0
13
69

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student-Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. 44510

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.